

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

18/568,405

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		2		2		
20		2		2		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
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30		1		1		
31		1		1		
32	1		1			
33		1		1		
34		1		1		
35	1		1			
36		1		1		
37		2		2		
38	1		1			
39	1		1			
40	1		1			
41		1		1		
42	1		1			
43		1		1		
44		1		1		
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.	9	↓	9	↓		↓
TOTAL DEP.	41	←	23	←		←
TOTAL CLAIMS	50		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						